## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

2860-474145

| (Column 1) (Column 2)            |   |   |                  |                                     |                                  |                  |   | TYPE                |                        | OR SMALL ENTITY |                     |                        |
|----------------------------------|---|---|------------------|-------------------------------------|----------------------------------|------------------|---|---------------------|------------------------|-----------------|---------------------|------------------------|
| TOTAL CLAIMS                     |   |   | 7                |                                     |                                  |                  | Γ | RATE                | FEE                    |                 | RATE                | FEE                    |
| FOR                              |   |   | NUMBER FILED     |                                     | NUMBER EXTRA                     |                  | В | ASIC FEE            | 355.00                 | OR              | BASIC FEE           | 710.00                 |
| TOTAL CHARGEABLE CLAIMS          |   |   | 7 minus 20=      |                                     | * Ø                              |                  |   | X\$ 9=              |                        | OR              | X\$18=              |                        |
| IND                              | EPENDENT CL   | AIMS                                      | 3 minus 3 =      |                                     | * \$                             |                  |   | X40=                |                        | OR              | X80=                |                        |
| MU                               | LTIPLE DEPEN  | DENT CLAIM PI                             | RESENT           | SENT                                |                                  |                  |   | +135=               |                        | OR              | +270=               |                        |
| * If                             | the difference  | in column 1 is                            | less than zer    | ss than zero, enter "0" in column 2 |                                  |                  |   | TOTAL               |                        | OR              | TOTAL               | 710                    |
|                                  | C   | LAIMS AS A                                | MENDED - PART II |                                     |                                  |                  |   |                     |                        |                 | OTHER THAN          |                        |
|                                  |   | (Column 1)                                |                  | (Colu                               | mn 2)                            | (Column 3)       | _ | SMALL               | ENTITY                 | OR              | SMALL               |                        |
| AMENDMENT A                      |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                  | NUM<br>PREVI                        | HEST<br>IBER<br>OUSLY<br>FOR     | PRESENT<br>EXTRA |   | RATE                | ADDI-<br>TIONAL<br>FEE |                 | RATE                | ADDI-<br>TIONAL<br>FEE |
|                                  | Total   | *   | Minus            | **                                  |                                  | =                |   | X\$ 9=              |                        | OR              | X\$18=              |                        |
|                                  | Independent   | *   | Minus            | ***                                 |                                  | =                |   | X40=                |                        | OR              | X80=                |                        |
|                                  | FIRST PRESE   | NTATION OF M                              | ULTIPLE DEP      | ENDEN                               | 1 CLAIM                          |                  |   | +135=               | :                      | OR              | +270=               |                        |
|                                  |   |   |                  |                                     |                                  |                  |   | TOTAL<br>DDIT. FEE  |                        | OR              | TOTAL<br>ADDIT. FEE |                        |
| (Column 1) (Column 2) (Column 3) |   |   |                  |                                     |                                  |                  |   |                     |                        | <b>-</b> .      |                     |                        |
| AMENDMENT B                      |   | CLAIMS REMAINING AFTER AMENDMENT          |                  | NUN<br>PREV                         | HEST<br>MBER<br>IOUSLY<br>D FOR  | PRESENT<br>EXTRA |   | RATE                | ADDI-<br>TIONAL<br>FEE |                 | RATE                | ADDI-<br>TIONAL<br>FEE |
|                                  | Total   | *   | Minus            | **                                  |                                  | =                |   | X\$ 9=              |                        | OR              | X\$18=              |                        |
| MEN                              | Independent   | *   | Minus            | ***                                 |                                  | =                |   | X40=                |                        | OR              | X80=                |                        |
| Ľ                                | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |   |                  |                                     |                                  |                  |   | +135=               |                        | OR              | +270=               |                        |
|                                  |   |   |                  |                                     |                                  |                  | L | TOTAL<br>ADDIT. FEE |                        | OR              | TOTAL<br>ADDIT, FEE |                        |
|                                  |   | (Column 1)                                |                  | (Colu                               | umn 2)                           | (Column 3)       |   |                     |                        |                 |                     | ·                      |
| NT C                             |   | CLAIMS REMAINING AFTER AMENDMENT          |                  | NUI<br>PREV                         | HEST<br>MBER<br>VIOUSLY<br>D FOR | PRESENT<br>EXTRA |   | RATE                | ADDI-<br>TIONAL<br>FEE |                 | RATE                | ADDI-<br>TIONAL<br>FEE |
| N N                              | Total   | *   | Minus            | **                                  |                                  | =                |   | X\$ 9=              |                        | OR              | X\$18=              |                        |
| AMENDMENT                        | Independent   |   | Minus            | ***                                 | UT OL 111                        | =                |   | X40=                | -41                    | OR              | X80=                |                        |
|                                  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |   |                  |                                     |                                  |                  |   | +135=               |                        | OR              | +270=               |                        |
|                                  | * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.   |   |                  |                                     |                                  |                  |   |                     |                        | OR              | TOTAL               |                        |
|                                  | ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |   |                  |                                     |                                  |                  |   |                     |                        |                 |                     |                        |